

Missouri Department of Health and Senior Services
Child and Adult Care Food Program

Online Application Renewal Instructions

2007

Some information from your FY 2006 application is automatically repeated in the FY 2007 renewal application. **You must enter other information.** Follow these instructions carefully to submit your 2007 application.

Basic Renewal Steps

1. Log in at <http://dhssweb04.dhss.mo.gov/cnp> and choose 2007 program year.

Missouri Dept. of Health and Senior Services
Community Food and Nutrition Assistance

CAPAP
Child and Adult Care Food Program

[Logoff](#)

[Applications](#) [Accounting](#) [Maintenance](#) [Reports](#) [Resources](#)

[Home](#) > Select Year

Program Year: 2006 Sponsor: 123789-The 123 Daycare

Program Year	Program Begin Date	Program End Date
2005	October 1, 2004	September 30, 2005
2006	October 1, 2005	September 30, 2006
2007	October 1, 2006	September 30, 2007

2. The Sponsor Summary Sheet is displayed with the option to Add Sponsor Info Sheet. (make sure Applications tab is highlighted dark orange)

[Applications](#) [Accounting](#) [Maintenance](#) [Reports](#) [Resources](#)

[Home](#) > [Application Menu](#) > Sponsor Summary

Program Year: 2006 Sponsor: 123789-The 123 Daycare

↓ Bottom of Form

Sponsor Summary The 123 Daycare (123789)

Packet	Applications	Claims	Payments	Users
Form Name		Revision	Status	Date Approved
Sponsor Info Sheet		No Information Sheet		Add
Center Info Sheet				
tho123789-1	123 Daycare Site #1	No Information Sheet		

↑ Top of Form

3. Click Add in the Action column.

- Review fields 1-27 and 52-57 for accuracy. Make corrections as needed. Complete fields 28-51 (skip fields 31-35 and field 50)

The screenshot shows a web application interface for the CACFP (Child and Adult Care Food Program) Sponsor Information Sheet. The header includes navigation links: Applications, Accounting, Maintenance, Reports, Resources, and a Login button. Below the header is a breadcrumb trail: Home > Application Menu > Form Status > App Status > Sponsor Info. The main content area is titled "CACFP" and "Missouri Department of Health & Senior Services". It displays "Sponsor Information Sheet" for "Big Fun, Inc. (83053)". The "Program Year" is 2007, and the "Sponsor" is 83053-Big Fun, Inc. The status is "2006-2007 Program Year Pending Submission" with "Revision 0". A "Bottom of Form" link is visible. The form is divided into two columns: "Mailing Address" and "Street Address". Each column has five input fields: (1) Addr1, (2) Addr2, (3) City, (4) State, and (5) Zip Code. The "Mailing Address" fields are filled with "1234 Main St.", "Anytown", and "MO 65333". The "Street Address" fields are also filled with "1234 Main St.", "Anytown", and "MO 65333".

- Click Submit. Sponsor Information sheet will be "Pending Submission".

The screenshot shows the bottom of the Sponsor Information Sheet form. It includes a "(65) Approval Date:" field with a red "Approve via Enrollment Packet" button and a checkbox for "Return to Sponsor for Correction". Below this is a metadata section showing "Created By: raymob", "Date Created: 7/26/2006", "Modified By: raymob", and "Date Modified: 8/1/2006". A "Top of Form" link is visible. At the bottom are "Submit" and "Cancel" buttons.

The screenshot shows a "Post Confirmation" message. The message states: "The Sponsor Information Sheet was posted to the database with a status of Pending Submission. When you have completed entering all of the forms required, please submit them to DHSS for final approval. Click [here](#) to go to the Sponsor Information Sheet Listing or select another option from the menu above."

6. Click Add in Action column for Center Information Sheet

Applications Accounting Maintenance Reports Resources

Home > Application Menu > Sponsor Summary

Program Year: 2007 Sponsor: 83053-Big Fun, Inc.

↓ Bottom of Form

Sponsor Summary

Big Fun, Inc. (83053)

Packet	Applications	Claims	Payments	Users
Form Name	Revision	Status	Date Approved	Action
Sponsor Info Sheet	0	Pending Submission		View Edit Delete
Center Info Sheet				
BT83053-1	Fundamentals	No Information Sheet		Add
BT83053-2	Foundations	No Information Sheet		Add
BT83053-3	Funtastic	No Information Sheet		Add

↑ Top of Form

7. Choose appropriate type of center

Applications Accounting Maintenance Reports Resources

Home > Application Menu > Sponsor Summary > Select Program

Program Year: 2007 Sponsor: 83053-Big Fun, Inc.

Center Information Sheet

Site: Fundamentals (BT83053-1) Sponsor: Big Fun, Inc. (83053)

Program Types	Revision Number	Date Created	Date Approved	Status
Adult Care Center				
Child Care Center				
Head Start Center				
Outside School Hours Center				
Homeless Shelter Center				
At Risk After School Center				

8. Review fields 1-10 and 13-19 for accuracy. Make changes as needed. Complete fields 11, 12, 20-27, and 30-64.

Applications Accounting Maintenance Reports Resources

Home > Application Menu > Sponsor Summary > Center App

Program Year: 2007 Sponsor: 83053-Big Fun, Inc.

2000-2007 Program Year
Pending Submission
Revision 0

Fundamentals (BT83053-1)

↓ Bottom of Form

Mailing Address		Street Address	
(1) Addr1:	123 Cedar St.	(6) Addr1:	123 Cedar St.
(2) Addr2:		(7) Addr2:	
(3) City:	Anytown	(8) City:	Anytown
(4) State:	MO	(9) State:	MO
(5) Zip Code:	65333	(10) Zip Code:	65333
		(11) County:	Adair

☒ Check here to copy Mailing Address to Street Address

9. Click Submit. Center Information sheet will be “Pending Submission”.

(69) Approval Date: [Approve via Enrollment Packet](#)

Created By: raymob Date Created: 7/26/2006 Modified By: raymob Date Modified: 7/27/2006

[↑ Top of Form](#)

Post Confirmation

The **Center Information Sheet** was posted to the database with a status of **Pending Submission**.

When you have completed entering all of the forms required, please submit them to DHSS for final approval.

Click [here](#) to go to the Center Information Sheet Listing or select another option from the menu above.

10. *If you are a sponsor of multiple sites, repeat steps 5-9 for each site*




11. Click on Packet tab to highlight dark orange.

12. A list of Off-Line forms will appear. Scroll to bottom of page and click where it says “Click [here](#) to Update Dates on Off-Line Forms”. Enter the date that you mail each form that applies to you.

[↓ Bottom of Form](#)

Sponsor Summary

Packet		Applications	Claims	Payments	Users
Item	Req	On-Line Forms Description	Count/Date	Status	
1	*	Sponsor Information Sheet		Pending Submission	
2	*	Center Information Sheets	1 of 1	Pending Submission	

Item	Req	Off-Line Forms Description	Date Sent	Date Received	Date Complete
3	*	Contract			
4		DC-100 or letter from licensing representative (if applicable)			
5	*	Direct Deposit Form			
6		Documentation of 501(c)(3) status - IRS letter			
7		Fire and Safety Inspection (not applicable if on school grounds)			
8		Food Service Contract/Agreement (vended meals)			
9		Management Plan			
10		Overlap Form (if applicable)			
11		Policy Statement (Pricing Centers only)			
12		Sanitation Inspection (not applicable if on school grounds)			

Click [here](#) to Update Dates on Off-Line Forms

[↑ Top of Form](#)

13. Check box above and to the left of Submit button, then click Submit. Before logging off, make sure status is "Pending Approval".

☐ Check here and click on the "Submit" button below for Approval of applications.

Submit

14. If Sponsor or Center Information sheets have errors, the following screen will be displayed. Follow instructions to correct.

Post Confirmation

The **Center Information Sheet** was posted to the database with a status of **Errors Detected**.

The form entered failed to pass the edit process because of either incomplete or improper information. These errors must be corrected before the form can be approved by DHSS. Please return to the entry form to review the errors and make the necessary corrections.

Click [here](#) to go to the Center Information Sheet Listing or select another option from the menu above.

15. Click Edit in the Action column next to the sheet with errors.

↓ Bottom of Form

Sponsor Summary

Big Fun, Inc. (83053)

Packet	Applications		Claims	Payments	Users	
Form Name		Revision	Status	Date Approved	Action	
Sponsor Info Sheet		0	Pending Submission		View Edit Delete	
Center Info Sheet						
BT83053-1 - CCC	Fundamentals	0	Errors		Add View Edit Delete	
BT83053-2 - ASCS	Foundations	0	Pending Submission		Add View Edit Delete	
BT83053-3 - HS	Funtastic	0	Pending Submission		Add View Edit Delete	

↑ Top of Form

16. Errors are highlighted in red. Make corrections and re-submit.

Section 3 - Validation Errors

Field No.	Severity	Description
16	1	Cacfp Contact Phone number is required
Go to Section: 3		

Cacfp Contact Person (for this program at this center)

Center Director

First	MI	Last	First	MI	Last
(13) Name: Ms. Golden		Brown	(20) Name: Ms. Golden		Brown
(14) Title: Director			(21) Title: Director		
(15) E-mail: gbrown@demo.net			(22) E-mail: gbrown@demo.net		
(16) Phone:	(17) Ext:		(23) Phone: (888) 555-1111	(24) Ext:	
(18) Fax: (888) 555-1111	(19) Ext:		(25) Fax: (888) 555-1111	(26) Ext:	

17. Last, but not least, click on the Users tab and make sure the users listed are still the people that you want to have access to the system. To delete a user, email us at CACFP@dhss.mo.gov. To add a user, complete a Network User Access Request form found at http://www.dhss.mo.gov/dnhs_pdfs/CACFP-web-access.pdf. Keeping this up to date is important to your security!

↓ Bottom of Form

Sponsor Summary Big Fun, Inc. (83053)

Packet	Applications	Claims	Payments	Users
User Name	E-mail Address	Phone Number	Last Login	
Kelly Green	kellygreen@trainingdemo.com	(814) 555-1111	9/16/2005	

Explanation of Fields

Most fields are self-explanatory. Read here for explanation of certain fields.

Sponsor Information Sheet:

Field (27) If this information is incorrect, you must contact state office to make correction.

(27) Type of Sponsoring Authority: **Private - For Profit** FEIN: 9889988

Field (28) You must check one. If you are a single center, check Independent Sponsor

(28) Sponsoring Type: ☒ Independent Sponsor (One Center) ☐ Sponsoring Organization

Fields (38 & 39) Enter correct dollar amounts based on your records.

(38) Enter the total amount of Federal dollars (including CACFP) that your organization expended during your last complete fiscal year?
(If the amount is over \$500,000.00, mail in a listing of federal grants and amounts received on the downloaded form.)

(39) What is the total amount of Federal dollars (including CACFP) that your organization expects to spend during the fiscal year you are currently in?
(If the amount is over \$500,000.00, mail in a listing of federal grants and amounts received on the downloaded form.)

Center Information Sheet:

Field (36) Overlap capacity is number of extra children you can care for over license capacity.

Field (37) License number should be a 9 digit number.

Capacity Information		Licensing Information	
(34) Facility Capacity	<input type="text" value="35"/>	(37) License Number	<input type="text" value="000151515"/>
(35) Does your facility have overlap approval?	<input checked="" type="radio"/> Yes <input type="radio"/> No	(38) Effective Date	<input type="text" value="1/5/2006"/>
(36) Overlap Capacity	<input type="text" value="10"/>	(39) Expiration Date	<input type="text" value="1/5/2007"/>

Field (45) If for profit center eligibility is based on number of DFS paid children, check *Title XX For-Profit*. If eligibility is based on number of free and reduced price children, check *F/RP For Profit*.

Field (47) The number of Free/Reduced should equal the numbers in fields (12 A&B)

(45) Is this Center ☐ Title XX For-Profit ☒ F/RP For-Profit

(46) Title XX Beneficiaries (47) Free/Reduced (48) Eligibility **86.6%**

Enrollment Information				
	(A)	(B)	(C)	(D)
Program	Free	Reduced	Paid	Total
(12) Child Care Center	<input type="text" value="10"/>	<input type="text" value="3"/>	<input type="text" value="25"/>	38

Fields (61-65) Complete only if Commercial Vendor is checked.

(60) Meal Preparation ☐ On Site ☐ Central Kitchen ☐ School ☒ Commercial Vendor

(61) For-Profit Centers ☐ Vendor Contract < \$10,000.00 ☒ Vendor Contract >= \$10,000.00

(62) Not For-Profit Centers ☐ Vendor Contract < \$100,000.00 ☐ Vendor Contract >= \$100,000.00

Contract Information

(63) Vendor Name

(64) Contract Begin Date (65) Contract End Date

Mail copy of current contract to DHSS